

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005550

STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 96

FILED FEB 19 1962

1. PLACE OF DEATH a. COUNTY <b>BOONE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>RANDOLPH</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>COLUMBIA</b>		Length of stay in 1b <b>21 DAYS</b>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR UNIVERSITY MEDICAL INSTITUTION <b>CENTER</b>		d. STREET ADDRESS (If outside, give location) <b>809 N. MORLEY</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>GRACE CLARK WINE</b>		4. DATE OF DEATH Month Day Year <b>FEB 13 1962</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-31-03</b>
9. AGE (last birthday) <b>58</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	
11. BIRTHPLACE (City and state or country) <b>MOBERLY MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>	
13a. FATHER'S NAME <b>FOUNTAIN CLARK</b>		13b. MOTHER'S MAIDEN NAME <b>TIBITHIA HUTCHINSON</b>	
14. NAME OF HUSBAND OR WIFE <b>ROY WINE</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>MEDICAL RECORD</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Septicemia</b> DUE TO (b) <b>46% 3rd degree burn</b> DUE TO (c) <b>[REDACTED]</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)		INTERVAL BETWEEN ONSET AND DEATH <b>1 days</b> <b>3 days.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <b>A</b> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Auto accident with gasoline Explosion</b>	
20c. TIME OF INJURY Hour a.m. p.m. <b>Jan 9, 1962</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	20e. CITY, TOWN, OR LOCATION <b>Moberly</b>	
20f. COUNTY <b>Randolph</b>	20g. STATE <b>Mo</b>		
21. I attended the deceased from <b>1-23-62</b> to <b>2-13-62</b> and last saw her alive on <b>2-13-62</b> Death occurred at <b>9</b> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Earl S. Russell MD</b>		22b. ADDRESS <b>Columbia, Mo</b>	
22c. DATE SIGNED <b>2/14/62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb 16 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakland Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Moberly, Mo.</b>
24. FUNERAL DIRECTOR <b>Cater Funeral Home, Moberly, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Feb 14 1962</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>			

(Licensed Embalmer's Statement on Reverse Side)

VS MAR 14 1962

FEB 20 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jerry R. Carter

Licensed Embalmer No. 4906

P. O. Address Moody Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.